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CONFIRMATION NO. 3593

SERIAL NUMBER	FILING OR 371 (c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET PTS
10/719,370	11/21/2003 RULE	435	1635	0070US

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 10/304,126 11/23/2002 PAT 7,144,999

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING

LICENSE GRANTED \*\* 03/31/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPEN CLAIM
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	CA	0	115	10
Verified and Acknowledged	Examiner's Signature	Initials			

## ADDRESS

55389

## TITLE

Modulation of HIF1alpha and HIF2alpha expression

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Process Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
3212		

	<input type="checkbox"/> Other
	<input type="checkbox"/> Credit